

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-10	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(ii)(IX) and 1902(l) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$4,104.35 b. FFY <u>2004</u> \$10,690.40
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 20 Supplement 1 to Att 2.6-A, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 91-23) Same (TN 91-23)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to expand eligibility coverage to include low income pregnant women with family income greater than 133 percent, but less than or equal to 185 percent of the federal poverty level.**

11. GOVERNOR'S REVIEW (Check One):

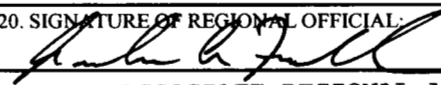
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 24 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 MARCH 2003	18. DATE APPROVED: 20 MAY 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID AND CHILDREN'S HEALTH

23. REMARKS:

State: LOUISIANA

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

- ☐ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902 (e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(l)
of the Act

- 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant, and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- ☐ b. Infants under one year of age.

SUPERSEDES TN- 91-23

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APP'D <u>5-20-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>LA 03-10</u>	

TN No. 03-10
Supersedes
TN No. 91-23

Approval Date 5-20-03

Effective Date 1-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

INCOME ELIGIBILITY LEVELS (continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902 (l)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level *</u>
<u>1</u>	\$ <u> </u>
<u>2</u>	\$ <u> </u>
<u>3</u>	\$ <u> </u>
<u>4</u>	\$ <u> </u>
<u>5</u>	\$ <u> </u>

SUPERSEDES: TN- 91-23

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-26-03</u>	
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HCFA 179 <u>LA 03-10</u>	

* Income level – Federal income poverty level adjusted annually in April to reflect the most current adjustments as published in the Federal Register.

TN No. 03-10 Approval Date 5-20-03 Effective Date 1-1-03
Supersedes
TN No. 91-23 HCFA ID: 7985E